



HOWREY SIMON ARNOLD & WHITE, LLP
301 Ravenswood Avenue
Box No. 34
Menlo Park, CA 94025
(650) 463-8109

FORM PTO-1083

Attorney Docket No. 00982.0003.NPUS00

In re application of Jeremy Stein Cohen, *et al.*

Application No. 09/917,409

Filed: July 26, 2001

For: **SYSTEM AND METHOD FOR COMPARING POPULATIONS OF ENTITIES**

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

OCT 01 2004

Technology Center 2100

Sir:

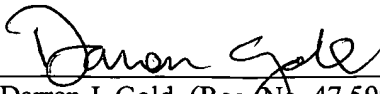
Transmitted herewith are the following:

1. PTO Form 1083 (in duplicate);
2. Response to Office Action (13 pages);
3. Petition for Extension of Time Und. 37 CFR §1.136 (1 page in duplicate)
4. PTO/SB/17 Fee Transmittal (1 page in duplicate);
5. Check in the amount of \$624.00 to cover \$475.00 Extension fee for response within third month (37 CFR §1.17(a)(3)), and \$149.00 for 7 extra claims and 2 independent claims;
and
6. Return receipt postcard

— No additional claim fee is required.

xx The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency or credit any overpayment to Deposit Account No. 08-3038 referencing docket number 00982.0003.NPUS00.
A duplicate copy of this sheet is attached.

Date: September 27, 2004


Darren J. Gold (Reg. No. 47,599)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 Effective 10/1/2003. Patent fees are subject to annual revision. <input checked="" type="checkbox"/> I claim small entity status. See 37 CFR 1.27		Complete If Known	
		Application Number	09/917,409
TOTAL AMOUNT OF PAYMENT (\$624)		Filing Date	July 26, 2001
		First Named Inventor	Jeremy Stein Cohen
		Examiner Name	Ba Huynh
		Art Unit	2173
		Attorney Docket No.	00982.0003.NPUS00

SEP 27 2004
RECEIVED
OCT 01 2004
Technology Center 2100

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 08-3038 Deposit Account Name: The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES																																																	
FEE CALCULATION																																																			
1. BASIC FILING FEE																																																			
<table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td></td></tr><tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr><tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="4">SUBTOTAL (1)</td><td>(\$)</td><td>0</td></tr></tbody></table>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)				(\$)	0				
Large Entity		Small Entity		Fee Description	Fee Paid																																														
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																
1001	770	2001	385	Utility filing fee																																															
1002	340	2002	170	Design filing fee																																															
1003	530	2003	265	Plant filing fee																																															
1004	770	2004	385	Reissue filing fee																																															
1005	160	2005	80	Provisional filing fee																																															
SUBTOTAL (1)				(\$)	0																																														
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																																			
<table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th><th rowspan="2">Fee Description</th><th rowspan="2">Fee Paid</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 over original patent</td><td></td></tr><tr><td colspan="4">SUBTOTAL (2)</td><td>(\$)</td><td>149</td></tr></tbody></table>		Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 over original patent		SUBTOTAL (2)				(\$)	149				
Large Entity		Small Entity		Fee Description	Fee Paid																																														
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																
1202	18	2202	9	Claims in excess of 20																																															
1201	86	2201	43	Independent claims in excess of 3																																															
1203	290	2203	145	Multiple dependent claim, if not paid																																															
1204	86	2204	43	** Reissue independent claims over original patent																																															
1205	18	2205	9	** Reissue claims in excess of 20 over original patent																																															
SUBTOTAL (2)				(\$)	149																																														
**or number previously paid, if greater; For Reissues, see above																																																			
		475																																																	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Darren J. Gold	Registration No. (Attorney/Agent)	47,599
Signature	<i>Darren Gold</i>	Telephone	(650) 463-8282
		Date	September 27, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

AmericanLegalNet, Inc.
www.USCourtForms.com